TRAINING MODULE 13 STUDY PLAN

Eligibility Verification Reports (EVR); Deductible Expenses; Income Verification

Objective:

To learn the requirements for proper periodic reporting of income and expenses to maintain continued eligibility for VA pension or parents' DIC, and which expenses may be deducted from a claimant's income for VA purposes. To be aware of various matching programs for verifying income actually earned or received, and the requirements for documenting claimed expenses.

References:

Title 38, U.S. Code, Chapters 13 and 15.

38 Code of Federal Regulations §§ 3.3–3.277; §§ 3.652–3.661.

Adjudication Manual M21-1, Part I, Appendix B; Part IV, Chapters 16 and 29;

Adjudication Manual M21-1MR (Manual Rewrite), Part 5; Part 10, Chapters 9 and 10.

Instructions:

Study the assigned reference materials for an understanding of how to assist and advise claimants as to the effect of their various income and expenses on their VA pension awards. Learn which deductions are likely to require further documentation.

Summary:

1. EVRs:

EPARTMENT OF VETERANS AFFAIRS (VA) PENSION FOR A VETERAN, A SURVIVING spouse, or a child is an income-based benefit, as is Dependency and Indemnity Compensation (DIC) for a veteran's dependent parents. This means that claimants must show that they meet prescribed income limits both to establish initial eligibility to payment and for continued eligibility to payment. This is generally first accomplished by the income and net worth information portions of the initial applications (VA Forms 21-526, 21-527, 21-534, or 21-535, as applicable). For the purpose of establishing ongoing eligibility, an Eligibility Verification Report (EVR) is sent.

Law and regulations require that as a condition of continuing pension, each person in receipt of pension must provide such information as is necessary to determine their annual income and net worth, as well as for their dependents, as applicable. This basically means that each claimant is

sent an EVR each year, generally at the end of the calendar year. The information requested on an individual EVR is geared to the particular program for that claimant, and will be discussed in more detail below. (See the sample EVR forms on pages 13-7 through 13-18.)

Notwithstanding the general requirement, not all claimants will be sent an EVR each year. Persons in receipt of old-law (protected) pension or Section 306 pension will not routinely be sent an EVR, unless there is some indication of a significant change in that person's income or dependency status and the information is needed to determine continued eligibility to payment under that program. Persons in receipt of improved pension or parents' DIC may not be sent an EVR if they consistently report no income from any source (and there is no other information to the contrary), or if their only income is from Social Security or other government source which may be verified by computer match.

As noted above, the information requested on an EVR is specific to that claimant's program. All EVRs ask for addresses and Social Security numbers of claimants and dependents, also marital and dependent status (this information may be pre-printed). All EVRs ask for gross monthly amounts of recurring income (such as Social Security) and annual amounts of other or non-recurring income, both received during the current year and expected during the coming year. All EVRs also ask if there is any change in the income received or expected, either sources or amounts (other than cost of living increases). All EVRs except for children receiving death pension ask if the veteran or beneficiary is a patient in a nursing home (quite often, this will be the first indication that the veteran or beneficiary might be entitled to a higher rate because of need for aid and attendance). Section 306 pension and improved pension EVRs also ask for net worth information. Finally, EVRs for Section 306 pension and parents' DIC provide space for listing family medical expenses paid during the current year.

Since the information on the EVR is required as a condition of continued eligibility for payment, there are strict time limits for returning the reports. The claimant is warned when the EVR is mailed that the report must be returned by a specified date or payments will be suspended. A follow-up reminder may be sent as a due process notice, reminding the claimant of the deadline for returning the EVR to avoid interruption of payments and possible overpayment. If there is still no response, the award is terminated without further notice, effective the end of the current calendar year for old-law and Section 306 pension cases, and effective the beginning of the current calendar year (or the beginning date of the award, whichever is later) for improved pension and parents' DIC. If an award is terminated for failure to return the EVR, it may be resumed if evidence of entitlement is received within one year after the year for which the income and net worth (if applicable) was to be reported. If the evidence is received after that time limit, it is considered to be a new or reopened claim for payment purposes. Evidence to clear an overpayment resulting from failure to return an EVR may be submitted at any time, however.

VA has consolidated and centralized all pension and parents' DIC operations into three Pension Maintenance Centers (PMC). The address and phone number of the Center having jurisdiction for California is:

Department of Veterans Affairs Regional Office Pension Maintenance Center (335/21P) P. O. Box 11000 St. Paul, MN 55111-0000 Telephone (toll-free): 1-877-294-6380

Telephone (toll-free): 1-877-294-6380 Fax: 1-612-970-5217 or 1-612-970-5218

The PMCs handle operations, including the mailing and processing of EVRs, for all improved disability and death pension cases and all parents' DIC cases. After the Regional Office having jurisdiction for the claimant's address has made the initial (or reopened) determination of eligibility and entitlement, resolved any service connection and/or appeal issues, and made the initial associated awards, the claims files for improved disability and death pension and parents' DIC recipients may be physically transferred to the appropriate PMC, or it may be maintained at the Regional Office and an electronic "virtual" file (eFolder) established at the PMC.

Most, but not all, EVRs are issued by the PMC; some are still sent out by the Regional Office on certain claims. *It is extremely important that careful attention be paid to the return address on the EVR*—if an EVR issued by the PMC is returned to the Regional Office instead, the automatic control for its return set by the PMC will not be cleared and the beneficiary's payments will be interrupted. In situations where an EVR has been issued by the PMC and there is not now sufficient time remaining to return it by mail before the expiration of the control date, the PMC will accept a fax copy of the EVR provided that the original EVR is then mailed to the PMC as a confirming copy.

2. Deductible Expenses:

S IS STATED ELSEWHERE, INCOME FROM ALL SOURCES IS CONSIDERED FOR ALL OF THE pension programs and for parents' DIC, unless it is specifically excluded. However, certain expenses may be deducted from income for VA purposes (IVAP), either to establish that income continues to meet applicable limits (for old-law and Section 306 pension), or to establish entitlement to a greater rate of payment (for improved pension and parents' DIC).

Old-law pension: If the veteran received benefits for permanent and total disability from any source including Social Security Administration, Office of Federal Employees Compensation, Railroad Retirement Board, state workman's compensation, commercial insurance, etc., then unreimbursed medical expenses paid each year which are related to the disability for which the veteran was retired may be allowed as continuing expenses to keep income within limits. Otherwise, deductible expenses are not a factor for old-law pension.

Section 306 pension: Unreimbursed medical expenses which exceed 5% of the total reported and countable family income may be deducted from the income for VA purposes (IVAP); this will not increase the pension rate payable, but may be used to keep the IVAP within the specified limits. If the space provided on the EVR is not sufficient for reporting such expenses, VA Form 21-8416, Medical Expense Report, should be completed. (See the sample form on pages 13-19 and 13-20.) In addition, a deduction may be allowed for the amounts actually paid by a surviving spouse or child for the last illness, burial and just debts of the deceased veteran, or the amounts actually paid by a veteran, surviving spouse or child for the expenses of the last illness or burial of the veteran's deceased spouse or child. Final expenses are deducted from IVAP on a dollar-for-dollar basis with no deductible, and are applied against the IVAP for the year(s) the expenses are actually paid by the beneficiary. Again, these will not increase the pension rates payable, but will only keep the IVAP within limits for the year(s) involved.

Improved pension: The theory is that at any given time the claimant's income for VA purposes (IVAP) plus the rate of VA pension will establish a given level of income, the maximum annual pension rate (MAPR). To keep the program closer to the theory, certain expenses paid by a beneficiary are considered in determining the beneficiary's IVAP. Most deductible expenses are deducted from the net countable income, although some expenses may only be deducted from specific income. Unreimbursed out-of-pocket unusual medical expenses, defined as exceeding 5% of the applicable MAPR, may be used to reduce a beneficiary's IVAP for the year they are actually paid. These expenses may be for the veteran or surviving spouse and any dependents, or for a relative who is not a dependent but who is a member of the beneficiary's household, or any other family member for whom the beneficiary has either a legal or a moral responsibility to provide support.

Health insurance and/or Medicare premiums are generally-allowable medical expenses; other medical expenses are considered on a case-by-case basis. A listing of allowable medical expenses may be found in M21-1, Part IV, Chapter 16, **Income and Net Worth**, Addendum A. Note that this is not a comprehensive listing. Although most medical expenses are deducted from the IVAP retroactively for the year they are paid, certain expenses may be allowed prospectively and on an ongoing basis, such as the costs of nursing home care. A deduction may also be allowed for the unreimbursed final expenses of the veteran, spouse or child which have been actually paid. Final expenses include the expenses of the last illness and burial and, for the veteran only, just debts. VA Form 21-8416, *Medical Expense Report*, should be completed for reporting this kind of expenses. (See the sample form on pages 13-19 and 13-20.)

A deduction may also be allowed for unreimbursed educational expenses of a veteran or surviving spouse, and with certain restrictions, a child. These include amounts paid for tuition, fees, books and necessary supplies. Transportation expenses related to school attendance may be deducted if the veteran or surviving spouse has been determined to be housebound or in need of aid and attendance, and such expenses exceed the amounts which would reasonably be incurred by a nondisabled person. For a child, educational expenses may be deducted only if the child has earned income which exceeds the amount excluded under 38 CFR § 3.272(j)(2); that is, the minimum earned income amount which would require that an income tax return be filed. The child must be taking a post-high school educational or vocational program; the deductible expenses include amounts paid for tuition, fees, books, and necessary supplies.

If a beneficiary has income from rental property or a business, the amounts of reasonable operating expenses, including the costs of supplies and interest payments on the property, but not depreciation, may be deducted from the gross income from that source to determine the net countable income. The value of the rental property or business is considered to be net worth.

If a beneficiary is awarded benefits (other than VA benefits) based on permanent and total disability or death, a one-time deduction from that award may be taken for the legal, medical, and other expenses incurred in securing the award. This includes awards from Social Security Administration, Office of Federal Employees Compensation, Railroad Retirement Board, state workman's compensation, commercial insurance, and private lawsuits or settlements. After this one-time initial deduction, related ongoing medical expenses are deductible only as described above.

Parents' DIC: Unreimbursed family medical expenses which exceed 5% of the total reported and countable family income may be deducted from the income for VA purposes (IVAP). Persons whose medical expenses are deductible include the parent; the parent's spouse (whether or not this is the veteran's other parent); minor or disabled children of the parent or spouse who are actual or constructive members of the parent's household; and parent(s) of the parent or spouse, who are actual or constructive members of the parent's household. If the space provided on the EVR is not sufficient for reporting such expenses, VA Form 21-8416, *Medical Expense Report*, should be completed. (See the sample form on pages 13-19 and 13-20.)

The rules for determining the net income from a rental or other business are similar, but not identical, to the rules for improved pension. Since net worth is not a factor for parents' DIC, the value of the rental property or business is not considered. Similarly, if a parent or parent's spouse is awarded benefits (other than VA benefits) based on permanent and total disability or death, a one-time deduction from that award may be taken for the legal, medical, and other expenses incurred in securing the award. This includes awards from Social Security Administration, Office of Federal Employees Compensation, Railroad Retirement Board, state workman's compensation, commercial insurance, and private lawsuits or settlements. After this one-time initial deduction, related ongoing medical expenses are deductible only as described above.

3. Income and Expense Verification

LTHOUGH VA DOES NOT NORMALLY REQUIRE A BENEFICIARY TO DOCUMENT EACH AND every amount and/or source of income or deductible expense listed on a pension or parents' DIC claim or EVR (unless the information reported is inconsistent or otherwise suspect on its face), this does not mean that the information is accepted without some degree of confirmation. VA has several computer income-matching programs such as SHARE, which will automatically verify amounts paid under other Federal programs including Social Security, SSI, Railroad Retirement, Black Lung Compensation, Civil Service Retirement, etc., against the amounts as reported by the beneficiary. If there are discrepancies, the amounts reported by the matching program are considered to be authoritative, and will be the basis for any action or adjustment needed.

Since 1991 VA has also had a program of Income Verification Matching (IVM), which essentially matches unearned income from interest or dividends and earned income from wages or salary, as reported by the beneficiary to VA, to the same information as reported to the Internal Revenue Service (IRS) or to the Social Security Administration by the payers of such income. This is now administered by the Pension Maintenance Centers (PMC). If there are discrepancies between the reports, the beneficiary and payer will be required to explain and document the difference(s). If the discrepancy can not be satisfactorily explained or otherwise resolved, benefits will be reduced or terminated as appropriate.

Since IRS records are highly sensitive and confidential, they may not be used as the basis for acting on a beneficiary's VA award unless and until both the beneficiary and the payer of the income in question have been given full opportunity to explain and correct any discrepancies shown. Even though the beneficiary has designated an accredited veterans service organization as his/her authorized representative for the VA claim, the representative may not view IRS-related material unless and until the beneficiary gives specific written permission, i.e., a new

VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, or designates an individual as representative. The designation of an individual or a veterans' service organization as the beneficiary's representative in an IVM case is only valid for five (5) years from the date the beneficiary signs the Form 21-22. If the beneficiary is married, then separate authorizations of representation must be signed by each the beneficiary and the beneficiary's spouse. Disclosure of IRS-related material to the designated representative is highly restricted—such materials may only be disclosed for the purpose of determining eligibility for and/or extent of entitlement to compensation, pension or DIC.

Finally, VA is required to annually audit about 4% of pension and parents' DIC cases nationwide, chosen randomly, where deductions of unreimbursed medical expenses paid are, or have been, a factor in the rates being paid. The PMC will request the beneficiary to provide documentation, including copies of receipted bills, for each claimed unreimbursed medical expense paid, either during the EVR period or for the past calendar year (if different). If the claimant is not able to provide satisfactory documentation that all of the claimed expenses were in fact paid, the PMC will retroactively adjust the award so that the rate(s) payable will not include the undocumented claimed expenses (and may require the claimant to document any medical expenses claimed for the next three years following the audited year). *This will create an overpayment in the account.* Established ongoing expenses such as Medicare premiums are not included in this audit.

OMB Approved No. 2900-0101 Respondent Burden : 30 minutes

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	Department of Veterans Affairs
	IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT (VETERAN WITH NO CHILDREN) 6
MARK L. RENO	VA FILE NUMBER
YOUR COMPLETE MAILING ADDRESS	102.45 (700
	123 45 6789
	VA REGIONAL OFFICE RETURN ADDRESS
18249 My Street Flood City, CA 95000	P.O. Box 11000 St. Paul, MN 55111-0000
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-051 0) prior to	
1 A. YOUR SOCIAL SECURITY NUMBER	1 B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER
122 45 6700	
123-45-6789	N/A 1 D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.)
TO. FIRST, WIDDLE, LAST NAME OF SPOUSE	T D. SPOUSE'S DATE OF BIRTH (Mo., day, yr.)
N/A	N/A
2. MARITAL STATUS (Check only one box)	3.021
(1) MARRIED-LIVING WITH SPOUSE (You are legally married and you live to for medical reasons.) (2) MARRIED- NOT LIVING WITH SPOUSE (You are legally married but estres contributed to your spouse's support during the last 1 2 months \$ If you separated within the last 12 months, show the date of separation (3) NOT MARRIED (You have never married or are now divorced or widowed. show the date of divorce or death	anged from your spouse.) Show the amount you
3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of the EV	R Instructions, VA Form 21-0510)
NONE NOT IN YOUR CUSTORY	NONE
IN YOUR CUSTODYNOT IN YOUR CUSTODY	NONE
AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NOT IN YO	UR CUSTODY \$
4A. ARE YOU A PATIENT IN A NURSING HOME? YES NO (If "YES," complete Items 4B through 4D. If "NO," go to Item 5.) 4B. SHOW THE DATE YOU ENTERED THE NURSING HOME	4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code)
NT/A	N/A
N/A 4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME FEES?	IN/A
TYES NO	
5. DID EITHER YOU OR YOUR SPOUSE RECEIVE ANY WAGES OR WERE EITHE MONTHS? 2004	R OF YOU EMPLOYED AT ANY TIME DURING THE PAST 12
LIYES INO 6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SI	IDVIVING SPOUSE 2
S. DO YOU RECEIVE ANY OTHER VAIBENEFITS AS A VETERAN, PARENT, OR SI	DRVIVING SPOUSE ?
VAFORM JUN 2004 21-0516-1 SUPERSEDES VA FORM 21-0516-1, WHICH WILL NOT BE USED.	OCT 2001, (Continued on Reverse)

		7A. MONTHLY	INCOME	(Read	Paragraphs 2 and	3 of the EVF	R Instruct	ions)			
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U.S. RAILROAD RETIREM	ENT		N	ONE				N	l/A		
BLACK LUNG BENEFITS			N	ONE			N/A				
MILITARY RETIREMENT			N	ONE			N/A				
OTHER (Show Source)			N	ONE			N/A				
OTHER (Show Source)			N	ONE			N/A				
7B. ANNUAL IN					Paragraphs 2 and 4	of the EVR	Instruction		.,,,,,		
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NOTE: Report annual in								t follow the	n report l	ast calendar	
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			T						1		
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	THRU:	12/31/2004	-	THRU:	12/31/2005	THRU			THRU:		
GROSS WAGES FROM							N/	4	-	N/A	
ALL EMPLOYMENT	\$	NONE		S	NONE	\$	N/.	A	\$	N/A	
TOTAL INTEREST AND DIVIDENDS		NONE			NONE		N/.	A		N/A	
ALL OTHER (Show Source)		NONE			NONE		N/.	N/A		N/A	
ALL OTHER (Show Source)		NONE			NONE		N/.	Α		N/A	
7C. DID ANY INCOME CHA only change was a Social S NEW source of income or a	ecurity/V iny ONE-	'A cost-of-living ad TIME income.)	justment	. Answe	er "YES" if there we	re any other	O" if ther income	e were no inc changes or if	ome chang you receive	ges or if the ed any	
YES NO (If "Y							·····				
7D. WHAT INCOME CHAN income changed; for examp city pension, etc.)			(Show t	he date	THE INCOME CHA s you received any the date income cha		(Explain what happened; for example,				
		7G NEI	r worti	H (Rea	d Paragraph 5 of the	FVR Instru	ctions)				
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7.12 S ((() () () () () () () ()		8. MEDICAL	EXPEN	SES (R	lead Paragraph 6 of	the EVR In:	structions	5)			
Normally, medical expens	es are re	eported at the end	of the ye	ear. It v	ou are using this fo	rm as vour	annual E	ligibility Verif	ication Re	port and	
Paragraph 6 of the EVR In					-						
your medical expenses. If	you are	using this form as	a supple	ment to	o a pending claim, y	ou do not n	eed to re	port medical e	expenses.	If entitlement is	
established, you will have	an oppo	rtunity to report yo	ur medic	al expe	enses at the end of	the year.					
9. VETERAN'S	EDUCA	TIONAL AND VOC	CATIONA	L REH	ABILITATION EXPE	NSES (Rea	d Paragr	aph 7 of the E	VR Instru	ctions)	
Show amounts paid by	you dur	ing the last 12 m	onths. [OO NC	T REPORT DEF	ENDENTS	S' EXPE	NSES.	•		
10A. SIGNATURE OF VETERAL	N (Read P	aragraph 9 of the EVI	R Instructi	ions befo	ore signing)		1 013. DA	TE SIGNED	·*		
1 / June		< /		DUCNE	NUMBERO # : :		<u> </u>	1-3-0	2		
DAYTIME		101	U. IELEI	FUONE	NUMBERS (Include	e Area Code	:)				
=	(209)	555-1212					(20)	9) 555-1212	,		
DENIAL TV The Investor											
PENALTY The law provides sev of a material fact, knowing it is fa							any statem	ent or evidence			

OMB Approved No. 2900-01 01 Respondent Burden: 40 minutes

FIRST, MIDDLE, LAST NAME OF VETE	ERAN			M Depar	tment of V	etera	ans Affairs		
RONAL YOUR COMPLETE MAILING ADDRES	D DICKSON			IMPROV VE (VET)	'ED PENSI RIFICATIO ERAN WIT	ON I	ELIGIBILITY EPORT HILDREN) 7		
				VA FILE NUMBER 111 22 3333					
				VA REGIONAL OFFICE RETURN ADDRESS					
19246	My Street			P.O. Box 11000					
1	ings, CA 95000	0		St. Pa	iul, MN 5511	11-00	000		
IMPORTANT Please read the e	nclosed EVR I	nstructions (VA	A Form 2	1-0510) prior to	completing the	his fo	rm.		
1A. YOUR SOCIAL SECURITY NUMBE			1B. YOU	YOUR SPOUSE'S SOCIAL SECURITY NUMBER					
111-22- 1C. FIRST, MIDDLE, LAST NAME OF S			1D. SPO	USE'S DATE OF BIE	N/A RTH (Mo., day, y	/r.)			
N/A			N/A						
2. MARITAL STATUS (Check only of MARRIED-LIVING WITH SE		gally married and	vou live w	ith your spouse or a	ire separated				
for medical reasons.)	(, , , , , , , , , , , , , , , , , , ,	3,	,	, ,					
(2) MARRIED- NOT LIVING WI					ouse.) Show the				
amount you contributed to you separated within the la									
(3) NOT MARRIED (You have n	never married or are	e now divorced or	widowed.)	If your marriage en	ded within the				
last 12 months, show the da 3A. UNMARRIED DEPENDENT CH			he EVR I	nstructions, VA Fo	orm 21-051 0)				
	DATE OF				PLEASE CHE	CK O	NE (X)		
FULL NAME OF EACH CHILD (First, middle initial, last)	BIRTH (Mo., day, yr.)	SOCIAL SEC NUMBE	R	UNDER 18 YEARS OF AGE	UNDER 18 OVER 18 AND UI YEARS OF AGE 23, AND ATTENI SCHOOL		ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS		
Jackson Dickson	08/25/1993	551-72-1	1111	X	3311332		ON THIO ONE NEXTOON		
Marsha Dickson	08/23/1995	551-72-2	2222	X					
3B. UNMARRIED DEPENDENT CH	HILDREN LISTEI	D IN ITEM 3A W	HO DO N	OT LIVE WITH Y	OU OU				
NAME OF CHILD	CHILD'S C	OMPLETE ADDR	RESS	NAME OF PE LIVES WITH (RSON CHILD If Applicable)	CO MC	NTHLY AMOUNT YOU NTRIBUTE TO CHILD'S SUPPORT		
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		·							
						\$			
4A. ARE YOU A PATIENT IN A NURSII	NG HOME?			4C. ENTER THE N	AME COMPLETE	S	200		
YES NO (If "YES, " complete) If "NO " ao to llea	15)		NE NUMBER OF I				
4B. SHOW THE DATE YOU ENTERED				`	,				
	N/A				N/	Ά			
4D. DOES MEDICAID COVER ALL OR HOME FEES?	PART OF YOUR I	NURSING							
YES NO 5. DID EITHER YOU OR YOUR SPOUS	SE DECEIVE WAS	ES OD WEDE EI	THER OF	VOLLEMBLOVED A	T AND TIME				
DURING THE PAST 12 MONTHS?									
6. DO YOU RECEIVE ANY OTHER VA	BENEFITS AS A V	ETERAN, PAREN	NT, OR SU	RVIVING SPOUSE	>				
YES NO (If "YES, " write	in the VA file num	<u>ber of the</u> other be	enefit)						
VAFORM JUN 2004 21-0517-1	SUPER	RSEDES VA FORM 2 NOT BE USED.	21-0517-1, N	IOV 2002, WHICH	(1	Conti	nued on Reverse)		

	7,	A. MONTH	LY INCO	OME (Rea	d Paragraphs 2	and 3 of the	EVR Instructions)			
GROSS MONTHLY A	MOUNTS	S (If no inco	ne was re	eceived fror	n a particular sou	rce, write "O" o	or "none." DO NOT	LEAVE AN	Y ITEM\$	BLANK.)	
SOURCE		V	ETERAN	1	SPOL	JSE	CHILD: JACK	SON / M	1ARSH	A	
SOCIAL SECURITY		1	,123.00		N/a	١	4	50.00 / 4	150.00		
J.S. CIVIL SERVICE			NONE		N/A	4		NONE			
J.S. RAILROAD RETIREM	ENT		NONE		N/.	1	·	NON	E		
BLACK LUNG BENEFITS			NONE		N/A	4	NONE				
MILITARY RETIREMENT	-		NONE		N/A	4		NON	Ē		
OTHER (Show Source)			NONE		N/			NON			
OTHER (Show Source)			NONE		N/A	=		NON			
JITIEN (Show Source)	<u>_</u>			ME /Pood			L EVR Instructions)	11011			
NOTE: Report annual in (January thru Decembe	ncome f r) incom	or the date	s indica ft-hand o	ted. If no o	dates are above d current calen	the columns dar year incor	that follow, then ne in the right-ha	nd column		ar year	
If no income was rec	eived fi	rom a part	icular so	ource, writ	te "O" or "non	e." DO NOT	LEAVE ANY IT	EMS BLA	ANK.		
		VETE				POUSE		JACKSC		RSHA	
001100	ED OM:	1/01/2004	EROM:0	1/01/2005	EROM:	FROM:	FROM: 0	1/01/2004	EROM:	01/01/200	
SOURCE						THRU:	THRU: .	1/01/2004	THRU:	01/01/200	
	I I I I	2/31/2004	Inko.	2/31/2005	THRU:	THRU.	1 I I I	2/31/2004	INKU.	12/31/200	
GROSS WAGES FROM ALL EMPLOYMENT	\$ NO	ONE	\$ NC	ONE	\$ N/A	\$ N/A	\$ NO	NE	s 1	NONE	
TOTAL INTEREST AND DIVIDENDS	N	ONE	NO	ONE	N/A	N/A	A NO	NE	1	NONE	
ALL OTHER (Show Source)	N	ONE	NO	ONE	N/A	N/A	NC NC	NE	1	NONE	
ALL OTHER (Show Source)	Ni	ONE	NI	ONE	N/A	N/A	NIC NIC	NE	,	NONE	
7D. WHAT INCOME CHAN income changed;) for example city pension, etc.	GED? (S ble, wage	s,	the	e dates you	ID THE INCOME received any nevent me changed)	CHANGE? (Sh	ow 7F. HOW Di what happer got raise, re	ned- for exa	imple qui	E? (Explain t work,	
		7G. I	NET WO	RTH (Rea	d Paragraph 5 d	of the EVR In	structions)				
SO	URCE				VETERAN		SPOUSE	CHILD:		0.15	
CASH/NON- INTEREST-BE	EARING	BANK ACCO	DUNTS	\$	25.75	S	N/A	\$		ONE	
INTEREST-BEARING BAN	K ACCO	UNTS			543.00			N/A		NONE	
'IRA'S KEOGH PLANS ET	C				NONE			V/A		NE	
STOCKS BONDS MUTUA	L FUND	SETC			NONE		N/A		NO		
REAL PROPERTY (Not you	ır home)				NONE		N/A		NO		
ALL OTHER PROPERTY					NONE		N/A		NO	NE	
					(Read Paragraph						
If you are using this form a report medical expenses, u you do not need to report in the end of the year.	isé VA Fo	orm 21-8416	, Medical	l Expense F	Report. If you are	using this form	as a supplement to	a pending	claim,		
9. VETERAN'S EDUCATIC EVR Instructions) Show an EXPENSES.								\$	NO	NE	
10. FAMILY MAINTENANC Instructions). Complete ON total family expenses expec	ILY IF VA	A is currently	excludir excludir					s	10,80	0.00	
11A. SIGNATURE OF VETI	1	/ 1	aph 9 of the		tructions before s	igning)	11B. DATE SIGI	NED			
Lonal	4	pu			JE NIIMPEDO //-	cludo Arco Ca	1	3-0	>		
DAYTIME	(200)	555 1212	116.	ICLEPHOI	NE NUMBERS (In			1212			
		555-1212					(209) 555-				
PENALTY The law provides of a material fact, knowing it	severe p t is false,	penalties wh or fraudule	iich includ nt accepta	de fine or in ance of any	nprisonment or bo payment to whicl	oth for the willfunger of the will the	ıl submission of any ntitled.	statement	or evider	nce	

OMB Approved No. 2900-01 01 Respondent Burden: 30 minutes

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	Department of Veterans Affairs
MARY RONALDSON	IMPROVED PENSION ELIGIBILITY
FIRST NAME - MIDDLE NAME - LAST NAME OF SURVIVING SPOUSE	VERIFICATION REPORT (SURVIVING SPOUSE WITH NO CHILDREN) 8
THE THANK - MIDDLE IVANIE - EAST WINE OF GOVERNO OF GODE	VA FILE NUMBER
MATTHEW DONALDSON	555 22 7777
MATTHEW RONALDSON COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE	VA REGIONAL OFFICE RETURN ADDRESS
COMPLETE MAILING ADDRESS OF SURVIVING SPOUSE	VA REGIONAL OFFICE RETURN ADDRESS
	P.O. Box 11000 St. Paul, MN 55111-0000
P.O. Box 11000 Missouri Flats, CA 95000	
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510)	prior to completing this form.
1A. YOUR SOCIAL SECURITY NUMBER	1B. VETERAN'S SOCIAL SECURITY NUMBER
121-98-1298	555-22-7777
1C. YOUR DATE OF BIRTH (Mo., day, yr.)	
10/02/	/1945
2. YOUR MARITAL STATUS (Check only one box)	
(1) I HAVE NOT REMARRIED SINCE THE VETERAN DIED (You have	e not married anyone since the veteran's death.)
(2) I REMARRIED ON (Date) AND I AM STILL MARR	RIED (You married after the veteran's death and you are currently
married. Enter the date you married your current spouse.)	
(3) I REMARRIED AFTER THE VETERAN DIED BUT THE MARRIAG remarried but you are not currently married. Show the date your late	
3. NUMBER OF UNMARRIED, DEPENDENT CHILDREN (See Paragraph 1 of	the EVR Instructions)
IN YOUR CUSTORY N/A NOT IN YOUR CUSTORY	N/A
IN TOOK COSTODY NOT IN TOOK COSTODY	
AMOUNT CONTRIBUTED DURING PAST 12 MONTHS TO CHILDREN NO	
4A. ARE YOU A PATIENT IN A NURSING HOME?	4C. ENTER THE NAME COMPLETE ADDRESS AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code)
YES NO (If "YES," complete Items 4B through 4D. If "NO," go to Item 5.) 4B. SHOW THE DATE YOU ENTERED THE NURSING HOME	
N/A	N/A
4D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME F	
YES NO	
5. DID YOU RECEIVE ANY WAGES OR WERE YOU EMPLOYED AT ANY T	IME DURING THE PAST 12 MONTHS?
YES NO 6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT	OR SHRVIVING SPOUSE 2
S. DO TOO RECEIVE ANT OTHER VA BENEFITS AS A VETERAN, PARENT	, ON CONTINUE SPOUSE (
VAFORM 21-0518-1 NO (If "YES," write in the VA file number of the other benefit) SUPERSEDES VA FORM 21- WHICH WILL NOT BE USED	.0518-1, OCT 2001. (Continued on Reverse)

		74 MONTHLY	INCOME (Read Para	graphe 2 and	13 of the EVR Inet	tructions)				
If no income or net worth wa	e receiv									
SOURCE	as receiv	eu nom a particula	il source, write O or		RVIVING SPOUSI					
		•		30	756.00	=				
SOCIAL SECURITY		\$			NONE					
U.S. CIVIL SERVICE	ENT				NONE					
U.S. RAILROAD RETIREM	ENI				NONE					
MILITARY RETIREMENT					NONE					
OTHER (Show Source)										
OTHER (Show Source)					NONE					
			INCOME (Read Parag	·						
If no income was received for										
NOTE: Report annual inco year (January through Deci										
SOURCE	FROM: THRU:		01/01/2004 13/31/2004		FROM: THRU:	01/01/2005 12/31/2005				
GROSS WAGES FROM ALL EMPLOYMENT	\$		NONE		\$	NONE				
TOTAL INTEREST AND DIVIDENDS			NONE		•	NONE				
ALL OTHER										
(Show Source) ALL OTHER			NONE			NONE				
(Show Source)	NOT "	(D	NONE	ONTHOS /:	UNION YOU	NONE				
change was a Social Securi source of income or any ON	7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING PAST 12 MONTHS? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income)									
YES NO (IF "YES,"						T				
7D. WHAT INCOME CHAN income changed; for examp city pension, etc.)			7E. WHEN DID THE (Show the dates you income or the date in	received any	new .	7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)				
,					<u></u>					
		7C NE	T WORTH (Read Para	agraph 5 of t	he EVR Instruction	ne)				
801	JRCE	70.112	T WORTH (Read 7 and	agraph o or t	SURVIVING					
300	INCE				SUKVIVING	37-003E				
CASH/NON-INTEREST BE	ARING I	BANK ACCOUNTS	\$		75	56.00				
INTEREST BEARING BAN	к ассо	UNTS			N	ONE				
IRA'S, KEOGH PLANS, ET	C.				NO	ONE				
STOCKS, BONDS, MUTUA	L FUND	S, ETC.			N	ONE				
REAL PROPERTY (Not you	ır home)									
ALL OTHER PROPERTY						ONE				
THE OTHER PROPERTY		8. FAMILY MED	ICAL EXPENSES (Re	ad Paragrapi		ONE tructions)				
			///							
and Paragraph 6 of the	EVR In	structions indica	ites that you should	d report me	dical expenses,	our annual Eligibility Verification Report use VA Form 21-8416, Medical Expense ling claim, you do not need to report				
medical expenses. If en	ititleme	nt is established	, you will have an o	pportunity 1	to report your me	edical expenses at the end of the year.				
9. SURVIVING SPOUSE'S Paragraph 7 of the EVR II DO NOT REPORT CHILE	nstructio	ns). Show amoun				s NONE				
10A_SIGNATURE OF PAYER			Instructions before signin	ng)		10B. DATE SIGNED				
Mary Be	nal	dom	1-9-05							
11/wy 1/1	(10	C. TELEPHONE NUM	BERS (Incl.)	de Area Code)	1 7 5 5				
DAYTIME		10	O. TELEFITONE NUM	EVENING	as Alea Code)					
	(209)	555-1212				(209) 555-1212				
PENALTY The law provides sev of a material fact, knowing it is f						tatement or evidence				

OMB Approved No. 2900-0101 Respondent Burden: 40 minutes

FIRST, MIDDLE, LAST NAME OF VET	ERAN			O Departm	ent of Veter	ans	Affairs		
	H DAVIDSON			VERI	PENSION I	EPC	RT		
FIRST, MIDDLE, LAST NAME OF SUF	RVIVING SPOUSE			(SURVIVING SPOUSE WITH CHILDREN) 9S VA FILE NUMBER					
ELIZABE	TH DAVIDSON	١			28 288 22	88			
COMPLETE MAILING ADDRESS OF S	SURVIVING SPOUS	SE		VA REGIONAL OFFI	CE RETURN AD	DRES	SS		
					ox 11000				
				St. Paul, MN 55111-0000					
	1 Home Rd.								
	le, CA 95000				•				
IMPORTANT - Please read the enclose 1A. YOUR SOCIAL SECURITY NUMBER	d EVR Instructions	(VA Form 21-051 0) pr		completing this form. 'ETERAN'S SOCIAL SEC	URITY NUMBER				
777 6	5 2222				££1 72 1771				
I C. YOUR DATE OF BIRTH (Month, Day, Ye	5-3333 ear)				551-72-1771				
10/02	2/1971								
2. MARITAL STATUS (Check only one	box)								
(1) X I HAVE NOT MARRIED SIN	NCE THE VETERAN	N DIED (You have not	marrie	ed anyone since the ve	eteran's death.)				
(2) TI REMARRIED ON	(DATE) AN	ID LAM STILL MARRI	ED (Y	ou married after the ve	iteran's death				
(2) I REMARRIED ON and you are currently marrie					iteran 3 death				
	·	, <u>. </u>		, 					
(3) I REMARRIED AFTER THE					ORCE ON		(DATE)		
		NDENT CHILDREN (R			(Instructions)				
FULL NAME OF EACH	DATE OF			PLEASE CHECK ONE (X)					
CHILD (First, middle initial, last)	BIRTH (Mo., day, yr.)	SOCIAL SECUR NUMBER	ITY	UNDER 18 YEARS OF AGE	OVER 18 AND UN 23, AND ATTEND SCHOOL		ER ANY AGE PERMANENTL HELPLESS FOR MENTA OR PHYSICAL REASONS		
Cassandra L. Davidson	11/08/1991	551-72-111	1	X					
Harold D. Davidson	08/10/1993	551-72-222	2	X					
3B. UN	MARRIED DEPEN	DENT CHILDREN LIS	TED II		-				
NAME OF CHILD	CHILD'S C	COMPLETE ADDRESS	3	NAME OF PERSO WITH (If Ap			ONTHLY AMOUNT YOU ONTRIBUTE TO CHILD'S		
NONE									
4A. ARE YOU A PATIENT IN A NURSING H	IOME?				ME COMPLETE AD RSING HOME (Plea		S, AND TELEPHONE		
YES NO (If "YES," complete Iter 4B. SHOW THE DATE YOU ENTERED THE	ms 4B through 4D If "I NURSING HOME	NO," go to Item 5)		- NOMBER OF NO	NO HOME (FIEL	ise inc	lude ZIF Code)		
4D. DOES MEDICAID COVER ALL OR PAR	T OF YOUR NURSIN	G HOME FEES?							
5. DID YOU RECEIVE WAGES OR WERE Y	YOU EMPLOYED AT A	NY TIME DURING THE	PAST	2 MONTHS?					
6. DO YOU RECEIVE ANY OTHER VA BEN	EFITS AS A VETERA	N, PARENT, OR SURVIV	ING SI	POUSE?					
YES NO (If "YES," write in	the VA file number	of the other benefit)		IAN 1997					
VA FORM JUN 2004		WILL NOT BE USED,	, 133-1,	ymit 1331,	(Co	ontin	ued on Reverse)		

	7A MONTH	Y INCOME (Read F	Paragraphs 2 an	430	f the EVP Inct	ructions)				
GROSS MONTHLY AMOUNTS (If n		· · · · · · · · · · · · · · · · · · ·						()		
<u> </u>	T		T		Cassandra				Harold	
SOURCE SOCIAL SECURITY	s SURVIVING	0.00	CHILD \$		150.00		CHILD \$		50.00	
U.S. CIVIL SERVICE	NOI				ONE			NC	NE	
U.S. RAILROAD RETIREMENT	NO				ONE		NONE			
BLACK LUNG BENEFITS	NO				ONE		NONE			
OTHER RETIREMENT	NO				ONE				NE	
OTHER (Show Source)										
OTHER (Show Source)	NO	NE		NO	ONE			NC	NE	
OTTEN (Grow Godree)	NO				ONE			NC	NE	
	·	INCOME (Read P								
If no income was received from	n a particular source, v	vrite "O" or "none."	DO NOT LEAVE	AN,	Y ITEMS BLAN	IK.				
NOTE: Report annual incom year (January through Dece										lar
	SURVIVING	SPOUSE	CHILD		Cassandra		CHILD		Harold	
SOURCE	FROM: 01/01/2004	FROM: 01/01/2005	FROM: 01/01/	2004	FROM: 01/	01/2005	FROM:	01/01/2004	FROM:	01/01/2005
	THRU: 12/31/2004							12/31/2004	THRU:	
GROSS SALARY OR WAGES FROM ALL EMPLOYMENT	s NONE	s NONE	s NONE		s NON	Е	s N	IONE	s NC	NE
TOTAL INTEREST AND DIVIDENDS	NONE	NONE	NONE		NONI	Ξ	N	IONE	NC	ONE
ALL OTHER (Show Source)	NONE	NONE	NONE		NONI	Ξ	N	IONE	NC	ONE
ALL OTHER (Show Source)	NONE	NONE NONE NONE NONE					N	IONE	NC	ONE
7D. WHAT INCOME CHANGE income changed, for exal city pension, etc.)		7E. WHEN DID (Show the dates new income or th	THE INCOME C	HAN		what ha	appened	INCOME CH d- for examp ived inheritar	le quit wo	ГеII rk,
	7C NE	ET WORTH (Read I	Paragraph 5 of t	ho E	VP Instruction	5)				
	7 G. N	I WORTH (Read I	-aragraph 5 or t	$\overline{}$		5)		I		
SOURCE		SURVIVING	SPOUSE	СН	ILD: Cassa	ndra		CHILD:	Harold	
CASH/NON-INTEREST-BEARIN	NG BANK ACCOUNTS	\$ \$ 73	4.55	\$	NO	ONE		S	NONE	5
INTEREST-BEARING BANK AC	COUNTS	NO:	NE		NO?	NE.			NONE	
IRA'S KEOGH PLANS ETC		NO	NE		NO!	ΝĒ			NONE	
STOCKS BONDS MUTUAL FO	LINDS ETC	NO	NE		NO	٧E			NONE	
REAL PROPERTY (Not your ho		NO	NE		NOI	ΝE			NONE	
ALL OTHER PROPERTY	21116.7	NO	NE		NOI	VE			NONE	
ALE OTHER TROPERTY	8. FAMILY ME	DICAL EXPENSES	(Read Paragrap	ph 6	of the EVR Ins	tructions	;)			
Normally, medical expenses are Paragraph 6 of the EVR Instruc	ctions indicates that yo	ou should report me	dical expenses,	use	VA Form 21-84	16, Med	lical Exp	oense Repor	t. If you	
are using this form as a suppler			to report medica	aı ex	penses. If entit	lement i	s establ	isned, you w	III have	
an opportunity to report your me			DELLADIUTATIO	N =	VDENCES (=	- 1.5				
9. SURVIVING SPOUSE						ad Para	graph 7	of the EVR	Instruction	15)
Show amounts paid by you du	INTENANCE (HARDS				3	agraph °	of the	NONE		
Complete ONLY IF VA is curren	ntly excluding children									
12 months. \$ 11A. SIGNATI RE OF PAYEE (Read	NONE d Paragraph 9 of the EVF	R Instructions before si	gning)		11 B	. DATE				
Elizabet	Raund	1C. TELEPHONE N	HIMDEDO (Is-1	ıde ^	Iraa Cada)	/-	3-0	5		
DAYTIME	(209) 555-1212	10. TELEFHONE	EVENING	iue P	nea coue)	(20	9) 555	5-1212		
PENALTY The law provides severe ;						atement c	r eviden	ce		
of a material fact, knowing it is false,	, or fraudulent acceptance	e of any payment to wh	nich you are not en	titled						

OMB Approved No. 2900-01 01 Respondent Burden: 30 minutes

FIRST, MIDDLE, LAST NAME	E OF VETERAN			C Dep	artment of Vetera	ns Affairs	5		
N	MATTHEW M	10ZILLA		IMPROVED PENSION ELIGIBILITY VERIFICATION REPORT					
VETERAN'S SOCIAL SECUR					(CHILD OR CHILI		9C		
				VA FILE NUME	BER	· · · · · · · · · · · · · · · · · · ·			
	665-45-6	545			665 45 6545				
COMPLETE MAILING ADDR				VA REGIONAL OFFICE RETURN ADDRESS					
	115599 Memo	orial Way		P.O. Box 11000 St. Paul, MN 55111-0000					
	Stewart, CA								
IMPORTANT -Please read the			51 0) prior to c	ompleting this fo	orm.				
	1.	CHILD(REN)'S MAF	RITAL AND	SCHOOL ST	ATUS				
List the children's nam children being paid on provided for the child's EVRs. If additional spa	this award. I s Social Secui	f the child does not h rity number. If other	ave a Socia children are	Security nu	mber, write "No SSN'	' in the space	ce		
NOTE: Complete Item ages of 18 and 23 and the child attended ever SCHOOL, is checked i 1F.	has not been i	rated disabled by VA	. The child:	s considered	to have attended scho	ool continue	ously if		
A. FULL NAME OF EACH CHILD (First, middle initial, last)	B. DATE OF BIRTH (Mo.,day,yr.)	C. SOCIAL SECURITY NUMBER	D. MARIT.	AL STATUS E. SCHOOL STATUS		F. ATTENDE CONTINU SINCE	UOUSLY		
Mark Mozilla	07/20/1998	665-45-1111	(1) ☐ MARRII (2) ☐ DIVORO (3) ☑ NEVER	CED/WIDOWED	(1) ATTENDS SCHOOL (2) STOPPED SCHOOL (3) DISABLED CHILD	(1) YES	DATE LEFT SCHOOL		
Luke Mozilla	08/08/1999	665-45-2222	(1) MARRII (2) DIVOR((3) NEVER	CED/WIDOWED	(1) ATTENDS SCHOOL (2) STOPPED SCHOOL (3) DISABLED CHILD	(1) YES			
			(1) MARRII (2) DIVORO (3) NEVER	CED/WIDOWED	(1) ATTENDS SCHOOL (2) STOPPED SCHOOL (3) DISABLED CHILD	(1) YES (2) NO			
			(1) MARRIE (2) DIVORO (3) NEVER	CED/WIDOWED	(1) ATTENDS SCHOOL (2) STOPPED SCHOOL (3) DISABLED CHILD	(1) YES			
				ED/WIDOWED MARRIED	(1) ATTENDS SCHOOL (2) STOPPED SCHOOL (3) DISABLED CHILD	(1) YES			
			(3) NEVER	ED/WIDOWED	(1) ATTENDS SCHOOL (2) STOPPED SCHOOL (3) DISABLED CHILD	(1) YES			
2. DID ANY CHILD ON THIS AWA YES NO VAFORM IUN 2004 21-0519C-1	ARD RECEIVE WAS	SUPERSEDES VA FOL WILL NOT BE USED.			1 (Conti	nued on Re	varsal		

13-15

	R	EPORT OF INC	OME AND I	JFT	WORTH	 I				
IMPORTANT NOTE ABOUT ITEMS Child Claimants or Payees: If you at the CHILD columns. Leave the CUS Custodians of Children: If you are the CHILD columns, and enter your ilive with your spouse, add your and yand 3G.	3A THROUGH 3G: re a child claiming or re FODIAN columns blank, claiming or receiving pe ncome and net worth in your spouse's incomes a	eceiving pension in you nsion as the custodiar the CUSTODIAN colu and net worth together	ur own right, report of a child or child mns. If you are all and enter the tota	t your fren, r so the Is in th	eport the checkling child's pare	d net worth in hild's income a ent, you are ma IAN columns in	arried, and n Items 3A	you , 313,		
Institutional Custodians: If you are CUSTODIAN columns blank.	an institutional custodia	an of a child, report the	e child's income a	nd net	worth in the	e CHILD colum	ıns. Leave	the		
If no income was received from indicate that the item does not h		vrite "O" or "none."	Do not leave an	y iter	ns blank u	nless the ins	tructions	specifically		
	3A. MONTHL	Y INCOME (Read F	Paragraphs 2 ar	d 3 o	f the EVR	Instructions))			
GROSS MONTHLY AMOUNTS							0			
SOURCE	CUSTODIAN:	A	CHILD:		ARK		CHILD:	LU		
SOCIAL SECURITY	s s 450.00 s 450.00									
U.S. CIVIL SERVICE					ONE			NO		
U.S. RAILROAD RETIREMENT					ONE			NO		
BLACK LUNG BENEFITS					ONE			NO		
OTHER RETIREMENT				NO	ONE			NO	NE	
OTHER (Show Source)				N	ONE					
OTHER (Show Source)				NO	ONE					
	3B. ANNUAL	INCOME (Read P	aragraphs 2 and	d 4 of	the EVR I	nstructions)				
NOTE: Report annual income fo year (January through Decembe										
	CUSTODIAN:	N/A	CHILD	N	1ARK		CHILD		LUKE	
SOURCE	FROM:	FROM:	FROM: 01/01/	2004	FROM:	01/01/2005	FROM:	01/01/2004	FROM:	01/01/2005
	THRU:	THRU:	THRU: 12/31/			12/31/2005		12/31/2004		
GROSS WAGES FROM ALL	S	\$	S		\$		\$		\$	
EMPLOYMENT			NONE		NO	ONE	NO	ONE	N	ONE
TOTAL INTEREST AND DIVIDENDS			NONE		N(ONE	N(ONE	N	ONE
ALL OTHER (Show Source)			NONE		N(ONE	NO	ONE	N	ONE
3C. DID ANY INCOME CHANG only change was a Social Secul NEW source of income or any (rity/VA cost-of-living DNE-TIME income.)	adjustment. Answei	"YES" if there	were	any other	O" if there w income chan	ere no in iges or if	come chan you receive	ges or if d any	the
	YES " complete Iter					Top 1101	W DID 41	100115 011	NOE0 (T. II
3D. WHAT INCOME CHANGED income changed- for example, w city pension, etc.))? (Show what vages, 	3E. WHEN DID (Show the dates income or the da	you received ar	y nev		what ha	HOW DID INCOME CHANGE? (Tell thappened- for example quit work, aise, received inheritance)			
	3G. N	ET WORTH (Read	Paragraph 5 of	the E	VR Instruc					
SOURCE		CUSTODIAN:	N/A	1 -	HLD	MARK		CHILD	LU	
CASH/NON- INTEREST-BEAR	ING BANK	\$		\$		400.00		\$	400.0	
INTEREST-BEARING BANK AC	COUNTS					NONE			NONE	
IRA'S KEOGH PLANS ETC						NONE			NONE	
STOCKS BONDS MUTUAL FU	JNDS ETC					NONE			NONE	
REAL PROPERTY (Not your ho						NONE			NONE	
ALL OTHER PROPERTY					1	NONE			NONE	
	4. CHILD'S ME	DICAL EXPENSES	(Read Paragra	ph 6	of the EV	R Instruction	s)			
Normally, medical expenses are Paragraph 6 of the EVR Instruct report your medical expenses. If	ions indicates that yo	ou should report me	dical expenses,	use	VA Form 2	1-8416, Med	dical Expe	ense Report	, to	
If entitlement is established, you	will have an opporti	unity to report your i	medical expens	es at	the end of	the year.				
	5. CHILD'S EDUC	ATIONAL EXPENS	ES (Read Paraç	graph	7 of the E	VR Instruction	ons)			
If a school child answered "YES," to			ses the child paid	out of	his/her own	funds during th	ne past 12	months.		
A.	SCHOOL CHILD'S I	NAME				В.	AMOUN	T PAID		
				S						
				\$						
6A. SIGNATURE OF PAYEE (Read I	aragraph 9 of the EVR	Instructions before sig	gning)			6B. DATE SIG	GNED			
(me)	//arla	- Yabler	Grande.				1-3	-05		
		6C. TELEPHONE N	ÍUMBERS (Incli	ıde A	rea Code)					
DAYTIME	(209) 555-1212		EVENING			(20	09) 555	-1212		
PENALTY The law provides severe p		· ·				ny statement o	or evidence	e		

OMB Approved No. 2900-0101 Respondent Burden: 30 minutes

FIRST, MIDDLE, LAST NAME OF VETERAN MARK L. RENO	Department of Veterans Affairs
VETERAN'S SOCIAL SECURITY NUMBER	DIC PARENT'S ELIGIBILITY VERIFICATION REPORT 1
123-45-6789	
FIRST, MIDDLE, LAST NAME OF PARENT LAWRENCE M. RENO	VA FILE NUMBER - PAYEE NUMBER - STUB NAME 123 45 6789
LAWRENCE M. RENO	VA REGIONAL OFFICE RETURN ADDRESS
COMPLETE ADDRESS OF PARENT	
18249 My Street Flood City, CA 95000	P.O. Box 11000 St. Paul, MN 55111-0000
IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510)	prior to completing this form.
1 A. YOUR SOCIAL SECURITY NUMBER	1 B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER
987-65 4321	874-56-1239
1 C. YOUR DATE OF BIRTH (Mo., day, year)	1 D. YOUR SPOUSE's DATE OF BIRTH (Mo., day, year)
09/05/1922	10/02/1922
(1) MARRIED- LIVING WITH OTHER PARENT OF VETERAN (You as parent or you live apart only for medical reasons.) (2) MARRIED- LIVING WITH SPOUSE WHO IS NOT OTHER PAREN who is not the veteran's other parent and you live together or live a (3) SEPARATED FROM SPOUSE (You are married but estranged from 12 months, show the date of separation (4) NOT NOW MARRIED (You have never married or are now divorce ended during the last 12 months, enter the date of divorce or the date of divorce — Date of spouse's death 3. IS THE OTHER PARENT OF THE VETERAN LIVING?	IT OF VETERAN (You are currently married to a person part only for medical reasons.) m your spouse.) If you separated within the last d or widowed.) If your most recent marriage
N v50	
4A. ARE YOU A PATIENT IN A NURSING HOME? YES NO (if "YES," complete Items 4B and 4C. If "NO," go to Item 5.) 4B. SHOW THE DATE YOU ENTERED THE NURSING HOME 5. DID YOU OR YOUR SPOUSE RECEIVE ANY WAGES AT ANY TIME DUR	4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code)
THE PAST 12 MONTHS? YES NO 6 DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT	OR SURVIVING SPOUSE ?
VAFORM JUN 2004 VAFORM	0514-1, AUG 1999,

				(Read Paragraphs 2 an			
	MOUNT	S (If no income was			e, write "O" or "no		VE ANY ITEMS BLANK.)
SOURCE			YO	U		YOUR SP	OUSE
SOCIAL SECURITY		\$ 857.00			\$ 422.00		
U.S. CIVIL SERVICE		NONE			NONE		
U.S. RAILROAD RETIREM	ENT	NONE			NONE		
BLACK LUNG BENEFITS		NONE			NONE		
MILITARY RETIREMENT		NONE			NONE		
OTHER (Show Source)		NONE			NONE		
OTHER (Show Source)		NONE			NONE		
		7B. ANNUAL II	NCOME	(Read Paragraphs 2 and	4 of the EVR Ins	tructions)	
NOTE: Report annual incon through December) income							year (January
			YOU			YOUR SP	OUSE
SOURCE	FROM: THRU:	01/01/2004 12/31/2004	FRC	M: 01/01/2004 U: 12/31/2004	FROM: 01/01/2004 THRU: 12/31/2004		FROM: 01/01/2004 THRU: 12/31/2004
GROSS WAGES FROM ALL EMPLOYMENT	s NC	ONE	N	ONE	\$ NONE		NONE
TOTAL INTEREST AND DIVIDENDS	NOI	NE	N	ONE	NONE		NONE
ALL OTHER (Show Source)	NOI	NE	N	ONE	NONE		NONE
ALL OTHER (Show Source)	NOI	NE	N	ONE	NONE		NONE
7C. DID ANY INCOME CHA only change was a Social S any NEW source of income YES NO (If "Y 7D. WHAT INCOME CHAN income changed; for examp	ecurity/V or any C 'ES." co GED? (S	A cost-of-living adj DNE-TIME income.) Implete Items 7D t Show what	ustment hrough 7E. WHI		vere any other income.) HANGE? (Show	ome changes or if y	
city pension, etc.)	ne, waye			income changed)		got raise, receive	
		8. MEDICAL	EXPEN	SES (Read Paragraph 6	of the EVR Instru	ictions)	
Normally, medical ex Verification Report ar Form 21-8416, Medic a pending claim, you to report your medical	nd Para cal Expo do not	agraph 6 of the ense Report, to need to report i	EVR Ir report medica	nstructions indicates your medical expen Il expenses. If entitle	that you shouses. If you are	ald report medic using this form	al expenses, use VA n as a supplement to
9A. SIGNATURE OF PARENT (Read Para	agraph 9 of the EVR I	nstruction	s before signing)	91	3. DATE SIGNED	
Jawrn		m. Ra	سوس			/-3-05	5
-		9C	. TELEF	HONE NUMBERS (Inclu	de Area Code)		
DAYTIME	(209):	555-1212		EVENING		(209) 555-1212	2
PENALTY The law provides of a material fact, knowing it	severe p	penalties which incl or fraudulent accep	ude fine otance o	or imprisonment or both, fany payment to which y	for the willful sub	omission of any stat	ement or evidence

OMB Approved No. 2900-0161 Respondent Burden: 30 minutes

Department of Veterans Affairs MEDICAL EXPENSE REPORT							
RONALD DICKSON		111 22 3333					
3A. NAME AND ADDRESS OF CLAIMANT	3B. CHANGE OF ADDRESS, Check	4. VETERAN'S SOCIAL SECURITY NO.					
18249 My Street	box if address in item 3A is different from last address furnished to VA)						
Valley Springs, CA 95000		111-22-3333					
MOTE, Family multipl suppress are amounts natually raid	by you during the income reporting year t	for madical averances for which you are not					

NOTE: Family medical expenses are amounts actually paid by you during the income reporting year for medical expenses for which you are not reimbursed by insurance or any other source. Report the actual unreimbursed amount you paid for medical expenses for yourself and any relatives you are under an obligation to support. Do not report any expenses you have not paid or expenses paid for you by someone else. If there is not enough space to report all your expenses on this form, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

You may report any medical expenses which are reasonably related to medical care. Example of allowable medical expenses include the following: hospital expenses, office visits, drugs and medicines, eyeglasses, dental fees, medical insurance premiums (including the Medicare deduction), hearing aids, nursing home fees, home health services, and transportation for medical purposes (.20 per mile plus parking and tolls or fares for taxis, buses, etc.). If you are not sure whether a particular expense is allowable, list it and fully describe the nature of the expense. VA will determine whether it can form the basis for a deduction.

Report medical expenses for the period thru If no dates appear on this line, refer to the accompanying letter or Eligibility Verification Report for the dates your medical expense report should cover.

5. ITEMIZATION OF MEDICAL EXPENSES								
A. PURPOSE (Physician or Hospital Charges Eyeglasses, Oxygen Rental Medical Insurance, etc.)	B. AMOUNT PAID BY YOU	C. DATE PAID (Mo/Day/Yr)	D. NAME OF PROVIDER (Name of Doctor, Dentist, Hospital, Lah, etc.)	E. FOR WHOM PAID (Self, spouse, child)				
MEDICARE (PART B)	NONE	N/A	SOCIAL SECURITY	N/A				
PRIVATE MEDICAL INSURANCE	276.88	PER MONTH 2004	AARP	SELF				
PRESCRIPTIONS	270.00	PER MONTH 2004 LONGS DRUGS		SELF				
DOCTOR'S FEES	50.00	PER MONTH 2004 DANNY ANDERSON M.D.		SELF				
LAB FEES	128.00	08/02/2004 Yosemite Path. L		SELF				
X-RAYS FEES	243.00	08/02/2004	Tuolumne Radiology	SELF				
HOSPITAL CHARGES	500.00	PER YEAR 2004	Tuolumne General Hosp.	SELF				
	8,033.56	PER YEAR 2004						
· · · · · · · · · · · · · · · · · · ·								

IMPORTANT: Be sure to sign this form in Item 7A on the reverse side. Unsigned reports will be returned.

VAFORM 21-8416

EXISTING STOCKS OF VA FORM 21-8416, SEP 1999 WILL BE USED.

5. ITEMIZATION OF MEDICAL EXPENSES (Continued)						
A. PURPOSE (Physician or Hospital Charges Eyeglasses, Oxygen Rental Medical Insurance, etc.)	B. AMOUNT PAID BY YOU	C. DATE PAID (Mo/Day/Yr)	(Nai	AME OF PROVIDER ne of Doctor, Dentist, Hospital, Lah, etc.)	E. FOR WHOM PAID (Self, spouse, child)	
I have not and will not receive reimbursemen	I have not and will not receive reimbursement for these expenses. I certify that the above information is true.					
6A. DAYTIME TELEPHONE NO. (Include Area Code)		6B. EVENING TELEPHONE NO. (Include Area Code)				
(209) 555-1212 7A. SIGNATURE OF CLAIMANT (Do NOT print)		L		(209) 555-1212 7B. DATE		
Ronal of In	kor			1-13-0:	5	
PENALTY: The law provides severe penalties which knowing it is false, or fraudulent acceptance of any pay	include fine or imprisonn ment to which you are not	nent, or both, for the wi	IIful submis	sion of any statement or	evidence of a material fact	
PRIVACY ACT INFORMATION: No exclusion from income may be granted unless this form is completed and returned as required by existing law (38 CFR 3.272). The responses you submit are considered confidential (38 U.S.C. 5701) and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under law. Information submitted is subject to verification through computer matching programs with other						

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RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing an reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

- Notes -

- Notes -

Study Questions:

Using the assigned references and reading materials, answer the following questions:

- 1. EVRs are not required from all pension recipients so long as there are no changes in their income. (T/F)
- **2.** If a claimant in receipt of improved pension for two or more years fails to return the EVR, what is the date from which payment is stopped?
 - a. End of the current month
 - **b.** End of the current year
 - **c.** First day of the year for which the income received information is requested.
 - d. Beginning date of the award
- **3.** For improved pension, unreimbursed medical expenses paid may be deducted from income for VA purposes if they exceed:
 - a. 5% of the claimant's gross income
 - **b.** 5% of the claimant's maximum annual pension rate (MAPR)
 - c. 10% of the claimant's net income for VA purposes
 - **d.** \$1,000 per person.
- **4.** If a claimant's pension award is terminated and an overpayment is created because of failure to return the EVR, how long does the claimant have to provide income information to clear the overpayment?
 - **a.** 30 days from the date of notice of overpayment
 - **b.** 60 days from the date of notice of overpayment
 - c. One year from the date of notice of overpayment
 - **d.** There is no time limit for submitting evidence to clear an overpayment
- **5.** Gambling losses for the last two years may be deducted from the current year's winnings for the purpose of reducing the claimant's income for VA purposes. (T/F)

- 6. The veteran's dependent child, age 21, is attending college and working part-time. The child's expected earnings for the year are \$10,000. The child has no other income. The cost of tuition, fees and schoolbooks will be \$5,000. How much of the child's earned income can be deducted from the overall family income for VA purposes?
 - **a.** None—Educational expenses are not deductible and the child's income exceeds the limits. The child may not be counted as a dependent.
 - **b.** \$5,000—The child's educational expenses are deductible, but the child's earned income is fully countable as family income.
 - c. All—A child's earned income is excluded up to the amount at which a Federal income tax return must be filed (currently \$7,800); education expenses may then be deducted from the amount remaining. In this case, the education expenses exceed the amount of remaining income, so the child's countable income is \$0.
- 7. Return of the EVR is optional if the claimant's current income and net worth are unchanged from last year's. (T/F)
- 8. Deceased veteran's parents are in receipt of DIC. The veteran's father dies of complications of surgery, and the mother wins a settlement of \$40,000 for wrongful death from the hospital. By the time she pays attorney fees, the costs of obtaining independent medical experts, and other costs arising from the lawsuit, she realizes less than \$1,000 net income from the lawsuit. Can she claim the costs of the lawsuit as a deduction from her income for VA purposes?

 (Y/N)
- 9. The step-brother of a surviving spouse in receipt of improved pension is living with her because he is disabled and unable to care for himself. Since he has minimal income of his own, the surviving spouse is helping with his medical bills as best she can. Can the surviving spouse deduct the step-brother's medical expenses that she is paying for him?

 (Y/N)
- **10.** Which of the following may be not prospectively claimed as ongoing medical expenses for improved pension?
 - a. Medicare Part B premiums
 - **b.** Cost of care in a nursing home
 - **c.** Cost of visits to the emergency room
 - **d.** Any of the above

- 11. Deceased veteran's remarried mother is in receipt of DIC. She and her husband operate a small business. Gross income from the business averages about \$25,000 per year. Last year they lost \$2,500 for the year, and expect they will not make a profit again this year. Can they deduct their operating losses from the business to reduce their income for VA purposes? (Y/N)
- 12. The veteran and spouse were heavily in debt when he died. He had an outstanding unsecured loan of \$15,000, as well as owing another \$50,000 for the purchase of an automobile. In addition, he incurred more than \$100,000 in hospital bills from being in intensive care for six weeks (with no medical insurance) prior to his death. The costs of his funeral and burial came to over \$10,000. Assuming the surviving spouse does not seek relief in bankruptcy, which of these may not be deducted as final expenses and just debts from the surviving spouse's income for VA purposes?
 - a. \$15,000 unsecured loan
 - **b.** \$50,000 secured loan for automobile
 - c. \$100,000 or more hospital bill
 - **d.** \$10,000 funeral and burial costs

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